

3. Turn into modern German the passage quoted from the "Annolied."
4. Make an interlinear, word for word, English translation of the passage quoted from the "Annolied."
5. Write in German an account (maximum number of pages, 4; minimum, 2) of the Crusades.

Books of Interest

in connection with Germany of the Early Crusading Period:—

"Juniperus" (short tale), by Victor von Scheffel.
 "Ekkehard,"

These are both works of fiction of the highest order. They can be procured of Kolckmann, Langham Place, London, W.

Of "Ekkehard" there is a first-rate English translation by Miss Sofie Delffs in Tauchnitz' Collection of German Authors, for sale in England.*

* *Der Bücherbund* and the Fésole Clubs (page 133).—Members may join these classes at any time.

Beginners, whether in German or Drawing, may join.

Fee for One Year's Course, in either class, *One Guinea*.

These classes are intended for the subscribers of the *Parents' Review*, and the Coupons should be sent in with each month's work: the *Bücherbund* Coupons to Miss D'Esterre-Keeling, 41, Holland Road, Kensington; and the Fésole Club Coupons to Mr. W. G. Collingwood, Gill Head, Windermere (with fee in each case).

For Tickets for these two courses, apply to Editor (care of Publishers).

NERVE - STORMS.

BY JOHN MASON, M.D.

Of all the ills that flesh is heir to none is so sad and painful as mental disease. Many people will, I fancy, be inclined to doubt this, but no one who has had experience of "depression," either subjectively or objectively, will admit that any suffering can be compared to it. To discuss the severe forms of mental derangement is, however, neither possible nor fitting in the *Parents' Review*, but something, I think, may be done towards parental enlightenment on the milder forms of mental distress and "temper," which embitter life in so many households.

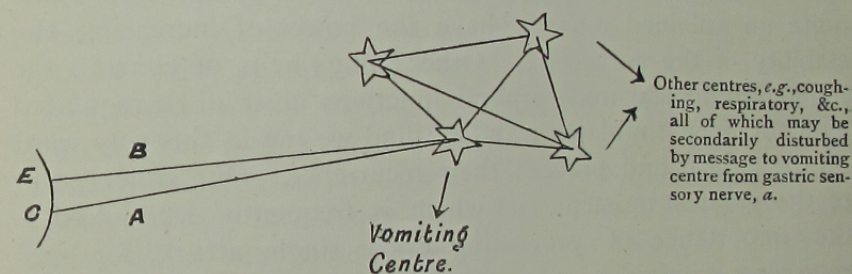
If asked to name the most nervous creatures under the sun, different answers would occur to different people. The sportsman would name the horse, men in general would say women, and the schoolmistress would unhesitatingly reply girls. But none would be quite right; children are nervous in a much greater degree than any of these—nervous, that is, in the sense of excitability and impressionableness. It is true that their impressions and excitement are transitory, and that equilibrium is more easily regained than in after life, but for the moment there is greater mental disturbance, as well as more feeling displayed, when the little brain is touched by joy or grief, than in older people. How greatly out of proportion to the cause is no matter, the storm of passionate delight or anger is there, and does, or should, call for as much sympathy as corresponding states in ourselves. While this exuberance is a natural and, in moderation, a healthy condition, it is liable to pass beyond these bounds and become a source of trouble and danger.

Now it is this over-sensitiveness, or want of balance in the nervous centres, that constitutes the chief difficulty in dealing with disease in children. Besides some nervous disorders which are confined to childhood, and those various "habits" of twitching or sniffing or blinking the eyes, which are so common

in the young, there is in every ailment in childhood a special liability to nervous manifestations, which are not seen in adults, and which mask the disease by superimposing symptoms arising from organs not primarily at fault. Take for instance some slight digestive trouble, a hard plum-skin or curd of milk causing irritation of the mucous membrane as it passes along the tract, and we have, instead of simply discomfort, or a sense of weight in the stomach, or occasional griping pain, the whole system, nervous as well as digestive, thrown out of gear. There is vomiting, purging, pain, fever, alteration of all the secretions, excessive irritability, often twitchings, and not uncommonly in infants under twelve months old a prolonged fit. The last symptom of course becomes the most prominent one, and naturally distracts the attention from the real seat of the malady. Cutting a tooth, which at the second dentition causes only slight and usually unnoticed derangement, in infancy will occasion the most violent "nerve-storms" known. How unstable the brain must be, which can be so affected by a distant and otherwise trivial irritation as to lose all consciousness, and direct, or rather misdirect, all manner of inco-ordinate and fantastic movements for half an hour together! Again, whereas in adults fevers and other serious disorders are ushered in by a general sense of illness (a nervous sensation, of course), and by shivering and sometimes sickness, in the infant the nervous manifestations are always proportionately greater. Prostration or irritability is more marked, and not uncommonly a fit takes the place of shivering. The muscular contractions may take any form. I have known a child beginning with inflammation of the lungs keep one leg constantly swinging, as it lay in its mother's lap, for three days together.

And all these manifestations take place in the child, not on account of any special sensitiveness of the nerve terminations, not because the sensations conveyed from the cutting tooth, or the intestine or lung, are more acute, not that the pain felt is more severe; but because the message conveyed to the brain causes too great a disturbance there, it is wrongly interpreted, and is also passed on beyond its proper terminal. It is as if in an ill-ordered army the intelligence brought by the scouts, instead of being received by the commander alone, and properly sifted by him, were heard by all the officers, every one of whom immediately took matters into his own hands. A

message is sent that there is a piece of wax in the ear, which should result in the child putting its fingers in to try and get it out, but instead, the whole body is presently thrown into contortions, absolutely meaningless to the distracted mother, who thinks inflammation of the brain is imminent. It is a sort of "general post." This transfer of messages is diagrammatically represented by supposing, first, that the great co-ordinate movements—for instance those of respiration, of the heart's action, of vomiting, or of voluntary movements of the limbs—are each presided over by a "centre" in the brain, which (a) receives sensations from the distant part, and (b) despatches an order to the muscles concerned, in reply; secondly, that all these "centres" are intimately connected together by nervous links. Then the "explosion" caused by a sensory message received in one centre not only disturbs it, but overflows, so to speak, to the others, and produces effects distributed over a much larger area than was intended.



a Sensory nerve from stomach to brain.

b Nerve from brain to muscular coat of stomach, causing vomiting.

This instability or over-sensitiveness of the nerve-centres in infancy is no doubt to some extent a safeguard to the individual, for when reason and experience and self-control are wanting, there must be need of other agencies to give the alarm.

Before saying anything about the way in which we should deal with nervousness in children, let us proceed one step further in the consideration of disease, a step which will lead us to the keynote of our treatment. I have been speaking of fits in infants; these are too indefinite for our purpose, but we have in epilepsy a well-defined and continuing disorder, which may be taken as the type of "nerve-storms." I shall not give the

details of an epileptic attack, they are sufficiently known; but I wish to point out their general character, and deduce conclusions which may be applied to other outbursts or explosions of nerve-energy in health as well as disease.

First, then, there is in an epileptic fit a loss of consciousness, of self-control, a convulsion in which almost every muscle in the body takes part; secondly, there follows profound nervous exhaustion. To these two phases must be added a third, and for our purpose a most important one, namely, the interval of days or weeks between the attacks, during which we must suppose there is a gradual *building up of the explosive matter in the nerve-centres*, and a weakening of their stability.

During the paroxysm we can do nothing remedial; but it is in the intervals that we can do everything. The aim of treatment is to reduce the explosive character of the matter in the "centres," or, what comes to the same thing, to *increase their resistance* to the explosive tendency. This in the case of epilepsy consists in the administration of drugs which, in some quite unexplained manner, have the power of increasing the stability of the nerve-cells. Other things help, of course; the moral, intellectual, and corporal functions must all be regulated and not over-stimulated; and we find we can in this way ward off the attacks and prevent their recurrence. One other point of the greatest moment, and which is frequently overlooked, is the importance of preventing every single attack, for *each recurrence renders a subsequent one much more likely to take place*.

Now I am not insisting on these things in order that any mother who has the misfortune to be brought into contact with an epileptic may think she knows all about it, but to point a moral and illustrate methods of management which every mother should be ready to undertake with regard to the care of passionate or nervous children.

To a greater or less extent the above phenomena are reproduced in all emotional paroxysms. For instance, keeping still to recognised disorders of the nervous system, we have in hysterical attacks first, a loss of self-control, and in bad cases, complete insensibility to ordinary stimuli. Along with this come spasmodic jerks, tremblings, screams, grunts, tears, and inane laughter, all the various grotesque manifestations of this condition. Then, when the paroxysmal stage passes away, a

feeling of exhaustion and dejection comes on, which only yields gradually, leaving the patient more liable to another attack than before.

Again, in an outburst of passion in a child the same tendencies are exhibited. For some trivial reason the child loses his temper and self-control; he flies into a passion, and performs all kinds of antics and threats not in the least likely to attain the end he seeks, nor such as his reason would suggest. Some few children go further, and "hold their breath" till they are almost black in the face, and some momentarily lose consciousness, but I never saw one "scream itself into a fit," a fear one so commonly hears expressed. Then follows the inevitable reaction, a burst of bitter tears, subsiding into deep sobs. So far as depression is concerned, in the child this is soon over; but instinct tells us that such outbursts are not to be regarded lightly. To a great extent these occurrences in children are the necessary result of an inherited passionate disposition. Many children grow up without ever giving way so completely, whereas in others the least cross is liable to bring on a fit of passion. But we must none the less study it, watch for it, and treat it with all the care and firmness we can, lest we bring up the children in the style of the north-country story, "Grandfather, I'll rive (tear) yer cwoat." "Nay, nay, ye mun not do that." "Ey, grandfather, I will rive yer cwoat." "Nay, that'll niver do; ye mun not rive my cwoat." "Ey, grandfather, I will rive yer cwoat." "Why, ye see, I'se be forced to let him."

All forms of mental derangement are allied, and are in the second generation curiously interchangeable. A nervous parent transmits his temperament to his child as surely as he does the colour of his eyes and hair, but the weakness or disease of the nervous system does not necessarily keep to the same type or form in the descendants. Thus a hysterical parent will often transmit an opposite characteristic, such as dulness of intellect, to the child, and a passionate father have a sulky son. This observation holds good also in the more serious mental disorders.

Now as to treatment. We have to deal with a tendency to emotional "obliquity," always ready to break out where present at all, and generally, if not always, inherited; and we want first a means of increasing the *stability* or *power of resistance*

similar in effect to the action of drugs in epilepsy; secondly, we must always keep before us the importance of *preventing any single attack*; and, thirdly, we can, contrary to what is the case in the grave disorder, apply some *treatment during the attacks*.

What does this mean for a nervous, over-timid child? We must avoid all shocks and frights; the people who tell fearful children horrible stories of robbers and savage beasts running off with little children ought to be put in the pillory; then there occur constant opportunities for encouraging the child and showing him how groundless his fears are. He should not be made to go into the dark alone until he has greatly diminished his fear of it by being used to accompany other people. Young children learn a great deal from those a little older, and they gain vast stores of confidence from the boldness of a hardy, venturesome boy a few years their senior. Again, there are the children who are afraid of company; this must be combated gradually too, not by threats and scoldings, but by kindness and encouragement. Build up an experience for the child in which he finds confidence, and which becomes to him a power of resistance to his apprehensiveness.* You can besides this find out a child's strong points, and teach him to bear more weight on them. And be sure you attend to the child's digestion—nothing produces nightmare and "night terrors" like indigestion. If a child continually suffers from these you may be certain his stomach is out of order.

A child liable to fits of passion requires not less constant care. Here the third factor in treatment is the one usually discussed. When a mother asks what is to be done with "Tommy," who has such a violent temper, and stamps and smashes everything he can get hold of when in a passion, this generally means what is to be done at the time. Must he be whipped, or shut up in a dark cupboard, or what? I am sorry to be disappointing, but I must confess to being very ignorant on this point. I have not a passionate child of my own, and I never had to manage one. But I believe that perfectly quiet and firm treatment is the best, and that the parent may rest

* I may give a piece of my own experience which may be useful to boys and girls. I never was comfortable in the dark till I had the notes to "Woodstock" read to me, which describe the various ingenious devices for frightening the Roundheads out of the palace by "ghosts." After that I positively loved the dark.

content with a gradual shortening of the paroxysms and amelioration of their severity, not forgetting that to prevent an outbreak is better than all. In this lies a great difficulty. The thing is for the mother to be constantly on her guard, and not to issue an order without helping the child to obey, and, above all, to master her own temper in the child's presence completely. In this question of temper we have the most constant instance of our children teaching us—and how hard a lesson it is to learn for those who have never been in authority before!

Adequately to treat of hysteria would require much more space than is at my disposal, nor would it be wise to do so, as the condition is only rarely developed in childhood. But it occasionally does appear then, and what is more to the point, the mental and emotional groundwork of the disease is there from birth, and must be watched for and counteracted in the earliest childhood. At the risk of causing heart-searchings I must state the essential facts of the case. First, hysteria is, in the great majority of instances, the hereditary outcome of nervous derangement in one or both parents. Secondly, the proper treatment of an hysterical girl is full of difficulty for the hysterical mother, and the tendency is over and over again aggravated by foolish mismanagement. But there is another side of the question, full of hope, that with proper care and training *from the first*, self-control may be made so strong and sure that the disease, so to speak, dare not show its face. The difficulty for those who have not studied the disease lies in the seeming paradox that hysteria is a disease just as truly as insanity is, but that it can to a great extent be controlled. In this is our hope, and to the strengthening of the will and the power of self-control, and the rooting out of self-deception and self-pity, must we direct all our efforts. Both sexes are more or less subject to hysteria: the schoolboy who exhibits the most deadly-doleful countenance over the mumps; the people who to the end of their days appear, when out of health, to think themselves ill-used, and treat their friends and attendants as the culprits, are hysterical. Do not look too much on hysterical fits as evidence. That chronic state of hysteria which prompts a girl to constant misrepresentation whereby she obtains credit or sympathy and commiseration, which, on the least cross, causes sullen temper, is far more dangerous on account of its insidiousness.

Cheerfulness, taking no notice of sullen looks, laughing at instead of pitying the martyr, plenty of occupation, a ready change of subject and train of thought, fresh air and exercise, are the treatment for all exhibitions of hysteria. The disease only wants to be detected and honestly faced at the very beginning and it is half cured. And bear in mind that during ill-health the first thing that goes is self-control, so that the maintenance of physical well-being and the exuberance of youthful vigour is all-important.

Few, how few of us, can hope to reach the ideal of—

“Arthur, the shapely, the tranquil, the strength-and-contentment-diffusing,
In the pure presence of whom none could quarrel long, nor be pettish.”

But let us try and bring our children nearer to such ideal than we ourselves have reached.

THE FÉSOLE CLUB PAPERS.

BY W. G. COLLINGWOOD.

II.—THE BOUGHS OF THE BRANSTOCK.

At their third lesson, usually, beginners in landscape-drawing ask, “Please will you show us how to do trees?” And though the Fésole Club is not intended to be a class for landscape only, the request is sure to come, and may be forestalled in this second lesson. It is a very reasonable request too, so long as you understand that there is no royal road to doing trees, and that no rule of thumb, nor secret of the brush, is worth having compared with an observant eye and a trained hand—a brush under control like the sword of a perfect fencer, ready alike with point and stroke. A tree in summer is a very difficult thing to draw adequately; the best of painters can only tell some facts about it. The best student is the one who takes the trouble to learn as many facts about it as there are. A conventional or symbolic manner of tree-drawing may be learnt with ease; but what is it worth? When you are a skilled painter you may adopt any conventional manner that you find to express your own feeling and satisfy your artistic conscience. But, to begin, you must begin with the facts. And to begin wisely you must begin with the simplest facts, taking a few at a time, literally, line upon line. At the beginning of April, trees are not such hopeless subjects, because they have no twinkling, troublesome leaves upon them; and we can study their boughs in peace, and wait until summer to attack the second half of the problem—the foliage.

It is not for the sake of the anatomy that we should do this: for the anatomy, the scientific knowledge of the structure, will help us very little. An artist's business is to draw what he sees—the external appearance and the expression of life and character. You might study a hundred grinning skulls and be less able than ever to catch your friend's smile and glance, which are just what you want, as an artist, to record: not the orbital indices, and dental formulæ, which are the affairs of science—and far